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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Malawi
Support for a comprehensive population programme

Proposed UNFPA assistance: \$10.5 million, of which \$6.5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of \$4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

Estimated value of the
Government's contribution: To be determined

Duration: Five years

Estimated starting date: January 1992

Executing agencies: Government of Malawi
United Nations and United Nations agencies and organizations
National and international non-governmental organizations (NGOs)

Government coordinating
agency: Ministry of Finance

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MALAWI

Demographic facts

Population Total (000)		Population density (/sq. km.)	74
Total	8,754	Average annual change (000)	
Males	4,257	Population increase	348
Females	4,497	Births	533
Sex ratio (/100 females)	94.7	Deaths	183
Urban	1,034	Net migration	-1
Rural	7,720	Annual population total (% growth)	3.63
Per cent urban	11.8	Urban	6.34
Population in year 2000 (000)	12,458	Rural	3.23
Functional age groups (%)		Crude birth rate (/1000)	55.4
Young child: 0-4	20.6	Crude death rate (/1000)	19.0
Child: 5-14	28.0	Net migration rate (/1000)	-0.2
Youth: 15-24	18.4	Total fertility rate (/woman)	7.60
Elderly: 60+	4.1	Gross reproduction rate (/woman)	3.74
65+	2.5	Net reproduction rate (/woman)	2.56
Women: 15-49	22.5	Infant mortality rate (/1000)	138
Median age (years)	15.7	Life expectancy at birth (years)	
Dependency ratios: total	104.6	Males	48.4
(/100) Aged 0-14	99.4	Females	49.7
Aged 65+	5.2	Both sexes	49.1
Agricultural population density		GNP per capita	
(/hectare of arable land)	2.56	(U.S. dollars, 1989)	180

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$10.5 million, of which \$6.5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Malawi in achieving its population and development objectives. UNFPA would seek to provide the balance of \$4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the third UNFPA country programme in Malawi. The second programme, 1987-1990, was extended by the Governing Council for one year to enable UNFPA to synchronize its programming cycle with that of the Government as well as of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

2. The proposed programme is based on: (a) the findings and recommendations of the Programme Review and Strategy Development (PRSD) exercise of 1991, which culminated in the October 1991 Principal Secretaries Workshop to Review a Population Strategy; (b) the priorities of the Government's Statement of Development Policy Objectives 1987-1996 and subsequent policy statements; (c) extensive discussions with government officials and representatives of agencies of the United Nations system, multi- and bilateral donor agencies and NGOs; and (d) recommendations of population seminars and reviews, including the Inter-agency Population Sector Review of 1989 organized by UNFPA and the World Bank. The proposed programme would also be guided by the Kilimanjaro Plan of Action, the Amsterdam Declaration and the UNFPA Strategy of Assistance to sub-Saharan Africa.

3. The overall objective of the proposed programme is to assist the Government in consolidating the achievements of UNFPA's second country programme (1987-1991) in order to strengthen and advance the National Population Programme. The more specific objectives of the third country programme are: (a) to develop and incorporate a population policy into the strategies and programmes of various government ministries, NGOS and the private sector; (b) to assist the Government in determining achievable targets to increase the contraceptive prevalence rate (CPR), reduce the total fertility rate from 7.6 to 7.15 and reduce the maternal mortality ratio from an estimated 400 to 200 per 100,000 live births, as well as achieve a decrease in adolescent pregnancies; (c) to increase the demand for delivery of maternal and child health and family planning (MCH/FP) services through enhancing public awareness of the important role of family life education and family planning in improving the quality of people's lives; (d) to improve the status of women and to augment their participation in the development process; (e) to increase knowledge and enhance awareness of the interrelationships between population, the environment, and development; and (f) to incorporate population concerns into Government-donor efforts to alleviate poverty.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)), that respect for human life is basic to all human societies (para. 14 (e)), and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The population of Malawi has more than doubled since Independence in 1964 when it was just under 4 million. As of 1990 the population was estimated to total 8.6 million. There were also approximately 1 million Mozambican refugees residing in the country. Malawi is one of the most densely settled countries in Africa, with a density per square kilometre of arable land of 166. Densities in the range of 230-460 (excluding refugees) per square kilometre of arable land are found in several districts. The population is rural; less than 12 per cent live in urban areas. Maternal, infant and child mortality rates are among the highest in Africa. Estimates of maternal mortality rates vary from 250 to 470 per 100,000 live births, depending on the region of the country; infant mortality is estimated to be 138 per 1,000 live births. An estimated 250 of every 1,000 children born die before reaching their fifth birthday. There is some indication that, despite impressive progress in immunization, these mortality rates have increased recently, due to the spread of malaria and AIDS. The total fertility rate is 7.6 children per woman and has remained fairly constant in recent years. Demographic scenarios indicate significant future population increase:¹ assuming a constant fertility rate, the population, excluding refugees, will reach 12.6 million by the year 2000 and 22.7 million by 2015. AIDS is adding an enormous burden to the already overburdened health care system, and deaths due to AIDS have begun to reduce the already thin ranks of technical and management personnel in both the public and private sectors.

6. Health services are provided through a network maintained jointly by the Ministry of Health and the Private Hospitals Association of Malawi, the latter being composed mainly of religious missions. There is a severe shortage of qualified health staff; the ratio of one doctor for more than 60,000 population is the lowest anywhere in Africa. In many respects, medical assistants and clinical officers function as physician substitutes, but even so the ratio of 1 per 11,330 population still makes them more thinly distributed than doctors in most countries. Though 80 per cent of the population is estimated to live within 8 kilometres of a health facility, this figure masks wide disparities in access to and level of services offered. Nurses provide family planning services, but in 1989, over two thirds of the country's nurses were still not trained in family planning. The 210 (out of 742) health facilities that do offer child-spacing services often have inadequate space and equipment for consultations.

7. Statistics indicate that 58 per cent of the population 5 years and above is illiterate: 48 per cent of men and 68 per cent of women. Only 62 per cent of children attend primary school, and 4 per cent secondary school. There are as many girls as boys enrolled in the first year of primary school, but by the end of the eighth year the ratio is three boys to one girl. Recent efforts to expand adult literacy programmes have shown modest results, yet they do not target the large number of out-of-school youth.

8. Despite government initiatives, women -- especially rural women -- are particularly disadvantaged. Women constitute 70 per cent of smallholder farmers, and 30 per cent of these farms are headed by females. They face not only the general problems experienced by all farmers but also suffer from seasonal labour shortages and lack of access to extension services and credit. Traditionally, Malawian women marry early -- half are married by the age of 18 -- and are encouraged to have large families. A quarter of birth intervals are less than two years and 60 per cent less than three.

¹ United Nations projections use 1985 as a base year at which time there were very few refugees in Malawi; refugees now constitute between 10 per cent and 12 per cent of the population. The increasing demographic impact of the AIDS must also be taken into account.

9. By the 1980s all the best land was under cultivation, and smallholders were forced under the pressure of rapid population growth to move into increasingly marginal areas and to shorten or abandon fallow periods. This has led to degradation of soils, falling crop yields and widespread deforestation, particularly serious since forests supply 90 per cent of the country's fuel requirement. Over half of all smallholders cultivate less than 1.5 hectares of land, the minimum necessary to achieve household food security with existing technology. The 1980-1981 National Sample Survey of Agriculture found widespread malnutrition among young children: 57 per cent of children under 5 years of age were chronically malnourished. A majority of rural women experience malnutrition, with particularly severe weight loss during pre-harvest heavy-labour periods.

10. From the late 1970s onwards the Malawian economy has been hit by a number of internal and external shocks, including drought in 1981-1982, increases in oil prices, fluctuations in tobacco and tea prices and the disruption of transport caused by the war of destabilization in Mozambique. Annual per capita income in 1980 and 1990 remained at \$180, but fell in real terms in most years during the period. The government has initiated measures to restore macroeconomic stability and economic growth, and since 1988 the economy has expanded at over 4 per cent per year. The interruption of economic growth in the 1980s gave rise to increasing government recognition of rapid population growth as a major and fundamental constraint to social and economic development. Two high-level government meetings have been convened on population in the past two years. The Government's development plan does not include a specific chapter on population but does state that "the importance of a population policy is accepted". A National Population Advisory Committee (NPAC) was established in 1989. By a 1990 Act of Parliament, a National Family Welfare Council (NFWC) was established to serve as advocate, coordinator and supporter of family planning and population information, education and communication (IEC) service delivery. The Population Planning Unit has a mandate to draft a population policy to supplement the Government's development plan.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA support to Malawi began in the mid-1970s with preparatory assistance for the 1977 national population census. During the 1980s two country programmes were executed. The second country programme was approved by the Governing Council in 1987 in the amount of \$3 million for the four-year period 1987-1990. As reported to the Governing Council in 1992, total expenditures for this programme were \$3.4 million, or 14 per cent above the amount approved by the Governing Council. This overexpenditure is primarily due to the Government's increased appreciation of the importance of child-spacing as an integral component of effective maternal and child health care and of the significant role that population plays in the economic development process. Expenditures in 1991 are expected to total over \$1.2 million.

12. During the period of the second country programme, the Government increased its understanding of the need to address population as a fundamental component of development. UNFPA spearheaded this enhanced awareness through support to a variety of seminars and meetings. The Fund also sought to strengthen linkages among donors in the field in Malawi by, among other things, organizing a population sector review in 1989 in collaboration with the World Bank. The Government of Malawi, UNICEF and the United States Agency for International Development (USAID) were among the participants. It was agreed at that time that UNFPA would take the lead coordinating role between the Government and population-sector donors.

13. Despite considerable achievements, the second country programme encountered difficulties in programme management and staffing. Moreover, several government departments, implementing donor-funded development activities for the first time, required an orientation period to adjust to the accounting and

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programming procedures of the various donors. This was compounded by shortages of trained personnel. Programme implementation also suffered because the Government has not always been in a position to fulfill its counterpart contributions.

Maternal and child health and family planning

14. The Government and UNFPA worked together to lower maternal, infant and child morbidity and mortality rates by promoting family planning² activities through the country's health service delivery network. Within the country's overall maternal and child health and family planning (MCH/FP) programme, UNFPA-funded activities included: (a) preparation of a five-year national family planning programme, to take effect in 1992; (b) training for family planning service providers; (c) inclusion of family planning in the nursing college curricula; (d) continuation of training of traditional birth attendant (TBA) trainers and TBAs themselves; (e) short-term training of Ministry of Health officials in the most appropriate and effective ways to manage adolescent fertility within the socio-cultural context of Malawi; (f) training of trainers in family planning management; (g) production of booklets on various family planning topics; (h) preparation of forms to record maternity and clinic statistics; and (i) orientation of District Development Committee members on family planning through IEC workshops.

15. The MCH/FP programme faced a number of constraints: (a) the inadequate number and quality of facilities offering family planning services; (b) the sometimes inexpedient use of staff trained in family planning, who are often assigned to other responsibilities or posted where family planning services are not provided; (c) the lack of a government counterpart contribution to support the implementation of IEC activities, procure contraceptives and implement and maintain MCH/FP services; (d) the lack of personnel trained in accounting; (e) the inadequacy of guidelines for the distribution of contraceptives, which target "married" mothers but neglect single mothers, teenage girls and men; (f) the overall inadequacy of health services, particularly those offered during pre-, peri-, and post-natal care; and (g) the need to rely on outdated data on fertility and mortality trends. The programme also suffered because of UNFPA funding constraints in 1991, which resulted in the curtailment of some activities and reduced the supply of some contraceptive methods.

Information, education, and communication

16. Responding to a near vacuum in population IEC activities before the programme began, during the second country programme, UNFPA initiated and implemented more projects in this area than any other. Due to the lead time necessary to conduct basic research, identify target audiences, develop and produce materials and train trainers, most population IEC activities are still in their initial stages. UNFPA activities have been targeted to specific groups such as farmers (through a pilot project in agricultural extension), parents (through a parent education project), adult literacy and home economics students, and youth. Similarly, the Department of Information, working with the Malawi Broadcasting Corporation, has demonstrated that traditional arts -- such as drama and song -- can be effective vehicles in delivering population messages. UNFPA awareness-creation activities played an important role in sensitizing government officials to the need to include population education in schools.

²The Ministry of Health refers to provision of contraceptive services as "child-spacing".

17. Training in various aspects of population IEC and the development of IEC materials have been based on locally-conducted research into socio-cultural traditions, behaviours and attitudes. The most recent such research activity -- on focus groups in three rural areas with adult and adolescent men and women - promises to add to the growing base of socio-cultural data as a foundation for population IEC activities.

Data collection and analysis

18. Since Independence, Malawi has conducted censuses at 10-year intervals. UNFPA assistance to Malawi started with the 1977 population census with technical input that laid the basis for the next census. UNFPA assistance to the National Statistical Office (NSO) for the 1987 Population and Housing Census was limited to technical assistance in updating census maps. The major sectoral constraints were lack of adequate financial resources and lack of trained technical staff. Dialogue between the National Statistical Office and the main users of the statistical data has been inadequate, with resultant problems in producing relevant and timely data for planning, policy making and programming.

Population policy formulation

19. Establishing the foundation to integrate population factors into development planning was an important initiative undertaken during the second UNFPA country programme. UNFPA provided support to help establish a Population Human Resources Development Unit (PHRDU) within the Department of Economic Planning and Development in order to assist the Government in coordinating and monitoring the implementation of population activities and in incorporating population variables into development planning. The PHRDU also serves as the technical secretariat for the National Population Advisory Committee, which was set up to provide guidelines for the development of population programmes, and meets frequently with District Development Committees and NGOs to create awareness about the implications of rapid population growth on development. The effectiveness of the PHRDU has been limited somewhat by staffing constraints and by the lack of adequate funds to conduct research.

Population dynamics

20. UNFPA support for demographic training at the University of Malawi began in 1984. Its objectives were to establish a Demographic Unit to be eventually staffed by nationals; to organize and teach courses in demography and population studies at the University; to identify and conduct research on pertinent topics; and to organize short-term training programmes for middle-level staff of government ministries and other institutions. Most of these goals have been met, and the project has done a commendable job in expanding awareness of population issues among policy makers, government officials, university faculty and students. The teaching of demographic and population studies has now been extended to the Bunda College of Agriculture and the Kamuzu College of Nursing.

Women, population and development

21. There is growing understanding in Malawi of the relationships between women, population and development. Though human resources trained to act on this understanding remain extremely limited, a National Commission on Women in Development is in place, and the Government is working on a policy statement on Women and Development.

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22. Ensuring the integration of women in population-related activities was a stated focus of the second country programme. Though no specific activities were developed to address this, efforts were made to involve women as implementors and major beneficiaries of UNFPA-funded projects. For example, UNFPA support for the adult literacy and home economics programme targeted women as providers and ultimate beneficiaries of such activities (90 per cent of adult education students are women). UNFPA also directly supported a number of small-scale training and income-generating activities designed to develop women's managerial and technical skills and to promote the status of women. UNFPA's support for a study tour by five professional Malawian women to visit successful family planning programmes in other developing countries paved the way for development of the National Family Welfare Council. UNFPA also provided support to an NGO seminar in 1990 where discussions on population and development furthered the dialogue with the growing community of NGOs, many of which focus on addressing the needs of rural women.

Other external assistance

23. Of the other multi- and bilateral donors in Malawi, many have given assistance to primary health care within the health sector and to rural development programmes, areas which facilitate the infrastructure and institutional support needed for population programme expansion.

24. Among the United Nations agencies, UNICEF supports an immunization programme and a community-based child care project. UNICEF's projects for child survival and nutrition are particularly appropriate for incorporating population/family planning components. UNDP support to population-related activities includes assistance for the National AIDS Control Programme, establishment of a national medical school, an NGO outreach programme to take family planning messages to men, and a pilot activity to increase off-farm productivity of women.

25. The World Bank's participation in population activities has been mostly through two family health projects. It also provided credit in July 1991 to launch a population health nutrition project which focuses indirectly on lowering population growth rates through improved health and nutrition and promotion of the status of women. It includes activities to help control the spread of malaria and AIDS and provides support to strengthen the National Family Welfare Council and to expand the Ministry of Health's child-spacing programme. The African Development Bank (ADB) began working in the health sector in Malawi in 1983 and has financed two health projects as well as a five-year activity focusing on women in development, which includes credit schemes and supports IEC activities, among other things.

26. USAID is involved in human resources development, contraceptives supply and logistics support and is funding a variety of activities to help prevent HIV/AIDS infection. The United Kingdom, through the British Overseas Development Administration (ODA), has provided technical and material support to census data-processing activities and intends to support efforts to make data available to, and usable by, district and local level personnel. It also provides financial support for medical staff and NGO clinic and outreach family planning services. Germany has indirectly supported population programmes through activities to develop rural growth centres with emphasis on women in development and to establish primary health centres. The Japan International Cooperation Agency (JICA), currently provides support for volunteers -- many of whom are in the health field -- and equipment. The Canadian International Development Agency's support to population sectors in Malawi is through a programme supporting a regional activity for training in the area of women in development. Under Lomé III the European Community provided support for the development and dissemination of child-spacing messages that included training activity in child-spacing for community

development assistants. Within the Lomé IV Convention further support is envisaged for population activities in Malawi.

IV. PROPOSED PROGRAMME 1992-1996

27. In October 1991, a Principal Secretaries Workshop reviewed the PRSD findings and adopted 20 recommendations "to further strengthen the implementation of population-related programmes for accelerated improvement in the quality of life for the people of Malawi". These recommendations include, among others: (a) formulation of a written comprehensive population policy; (b) increase in the facilities providing family planning services and revision of the guidelines for the provision of contraceptives; (c) support for the National Family Welfare Council as the lead agency in extending family planning services, developing a support IEC strategy and coordinating the provision of services with increased demand; (d) the extension of population education to a variety of audiences; (e) formulating a policy statement on women in development; and (f) enhanced attention to maternal health and the problems associated with adolescent pregnancies.

28. The objectives of the third population programme are detailed in paragraph 3 above. The strategies proposed to achieve these objectives include: (a) developing a population policy statement; (b) improving coordination in programming; (c) extending family planning services, emphasizing innovative approaches to service extension and highlighting Safe Motherhood strategies; (d) augmenting population IEC efforts by activating an IEC strategy and coordinating current initiatives to reach a variety of audiences, utilizing socio-cultural research to develop messages and identify target audiences; (e) enhancing the participation of women in the development process; and (f) supplementing ongoing and planned activities of other donors with population IEC components.

Maternal and child health and family planning

29. Malawi's high total fertility rate and maternal and infant and child mortality rates plus the continuing increase in adolescent pregnancies coupled with low levels of contraceptive use and inadequate extension of services determine that the MCH/FP sector will remain the predominant one for UNFPA assistance. UNFPA's efforts would continue to support the Ministry of Health's family planning programme, particularly to make family planning services available through all health institutions and through community-based programmes, and to provide institutional support to the National Family Welfare Council. As selected Government targets are rather modest, UNFPA would also work with the Government in reviewing the targets to determine if they can be revised in line with more up-to-date baseline data.

30. Insufficiently trained and inadequate numbers of staff remain major constraints in the public health care delivery sector. The institutional capacity to manage primary health care remains weak. Thus, working through the national health care network, UNFPA would continue to support training to increase the number and quality of human resources needed to expand MCH/FP activities. Assistance would emphasize alternative strategies to extend delivery of MCH/FP services through enhanced health education activities and through efforts such as community-based distribution of contraceptives. Safe Motherhood initiatives would be furthered through improving the collection of accurate statistics on maternal mortality, emphasizing the relevance of Safe Motherhood in IEC activities and conducting operational research to identify constraints to quality obstetric care and to achieve a more effective population and family planning programme. UNFPA would also bolster its assistance to the health information system, to ensure that family planning is incorporated into ongoing efforts to decentralize access to MCH data and to strengthen ongoing coordination with the National AIDS Control Programme in training, research and IEC activities. Initiatives of private

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hospitals to expand primary health care through community-based and outreach services may be supported in the third programme if resources permit.

31. Using a projection of a moderate decline in the total fertility rate and a commensurate rise in the contraceptive prevalence rate, to of 13.1 per cent in 1995 and 25.9 per cent in 2002, the Population and Human Resources Development Unit estimated that annual contraceptive costs for family planning purposes (not including condoms for the National AIDS Control Programme) would be \$1.13 million in 1995 (\$181,000 for Depoprovera) and \$3 million in 2002 (\$635,000 for Depoprovera). UNFPA would provide Depoprovera, while USAID would furnish other contraceptives.

32. UNFPA would continue to support the National Family Welfare Council (NFWC) and encourage its efforts as both advocate for and coordinator of IEC activities, family planning service delivery and HIV prevention. The Fund would also seek to strengthen the capacity to anticipate opportunities to fund new initiatives and to reach previously unserved or underserved areas.

33. UNFPA proposes to provide \$4.3 million for the MCH/FP section, of which \$1.3 million would be sought from other sources, including multi-bilateral sources. Approximately \$400,000 would be used to support the NFWC.

Information, education and communication

34. UNFPA support to the area of population IEC would build on the work initiated during the second country programme and would focus on mobilizing support from all sectors to promote expansion of family planning service delivery. This sector offers dynamic programming possibilities, as recently demonstrated by the results of focus group and socio-cultural research. UNFPA proposes to support the following activities: (a) to assist the Government in developing a population IEC strategy and in coordinating its implementation, under the sponsorship of the NFWC and in collaboration with the National Population Advisory Committee; (b) to work with the Ministry of Community Services strengthening parent education activities; (c) to continue to develop, produce and disseminate pertinent information with the Department of Information and Malawi Broadcasting Corporation; (d) to introduce population components into the formal school curricula; and (e) to incorporate population and environment education into training programmes for extension and youth workers. Socio-cultural research would continue to be undertaken in order to provide a foundation for IEC programme design and implementation. The amount of \$3.2 million is proposed for this sector, \$1.2 million of which would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

35. UNFPA would support further analysis and dissemination of the 1987 census results, focusing on disaggregation of data at the local level -- including disaggregation by gender -- to facilitate decentralization in planning and programming. Preliminary support for the 1997 census may also be provided as well as institutional support and training to the National Statistical Office. The amount of \$400,000 is proposed for data collection and analysis, of which \$200,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

36. UNFPA would continue to support the Population and Human Resources Development Unit, in particular its efforts to coordinate population activities, to integrate population variables into development planning, and to facilitate understanding of the interrelationship between population, the environment and development. UNFPA assistance would also be used to strengthen the Unit's capacity to ensure that results of the upcoming demographic and health survey and other intercensal surveys are analysed, widely disseminated and utilized. UNFPA support to the Unit during the period of the proposed programme is essential since the Unit is expected to play a central role in developing a written population policy as a supplement to the Government's Statement of Development Policies. Once this is accomplished, line agencies and ministries would develop implementation plans in coordination with the National Population Advisory Committee. An amount of \$900,000 is proposed for population policy information, of which \$500,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

37. The Demographic Unit at the University of Malawi would continue to receive UNFPA support, at a greatly reduced level from the previous period, for teaching and research activities. The Population and Human Resources Unit would also promote and coordinate research, particularly on environment-population-development linkages, which in Malawi are often related to agricultural policies and practices. UNFPA would also support the efforts of the National Population Advisory Committee and the National Family Welfare Council in their capacities as coordinating bodies for population and for child-spacing programmes, respectively, in undertaking, assimilating and utilizing socio-cultural research as a basis for programming. An amount of \$300,000 is proposed for this sector, of which \$100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

38. The October 1991 Principal Secretaries Workshop on Population recognized that "safe motherhood, reproductive health and sustainable family size play an important role in improving women's status", and recommended various measures to improve the status of women. These included: (a) formulation of a policy statement on Women in Development; (b) incorporation of gender issues in all aspects of development policy; (c) disaggregation, analysis and presentation of basic population data by gender in ways that adequately indicate women's contributions to the national economy and to economic development; and (d) the active involvement of women in managing and coordinating population programmes. The workshop further recommended that deliberate efforts should be taken: (a) to ensure that reproductive and maternal health are given appropriate attention; (b) to change attitudes in order to encourage girls to pursue educational and productive opportunities; and (c) to promote affirmative action (with clearly identifiable targets) with respect to female enrolment in schools and institutions of higher learning. Under the proposed programme, UNFPA would, together with other donors, assist the Government in its efforts to act upon these recommendations, paying particular attention to linkages with population components.

39. UNFPA support in this area would aim to contribute to these goals by: (a) adding population and environment education onto ongoing women-in-development activities; (b) continuing to support, with other donors, the production and community-level dissemination of the Handbook on Laws Relating to Women; and (c) assisting the national women's development organization to integrate child-spacing messages and

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income-generating activities into its extension programmes. An amount of \$800,000 is proposed for this sector, of which \$500,000 would be sought from other sources, including multi-bilateral sources.

Multisectoral activities

40. Population supplements. Malawi has been designated by the Joint Consultative Group on Policy (JCGP) as one of the countries in which donors would coordinate their efforts to help alleviate poverty. The new country programmes of both UNDP and UNICEF acknowledge the crucial role that population factors play in Malawi's development efforts and the need to incorporate population activities into their programmes. UNDP concentrates its development interventions in local impact areas; UNICEF in area-based programmes. Both provide mechanisms through which population activities can be tested and integrated as part of community-level multisectoral programmes. UNFPA could supplement these development efforts by providing technical assistance and training in such areas as population IEC, population and environment, family planning service provision, and women, population and development. An amount of \$400,000 is proposed for these activities, of which \$200,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

41. The proposed country programme would include a reserve of \$200,000, allowing the Fund to respond to unforeseen needs that may arise during the programme period.

Programme coordination

42. The donor community in Malawi, along with the Government, is committed to coordinating population and development planning and programming. The Health and Population Donors Group has fostered an ongoing sense of collaboration among both multilateral and bilateral donors. Most recently, donor coordination with the Government to co-fund the National Family Welfare Council demonstrated the positive climate established between the Government and donors. The Council is to be funded for its first two years by the UNFPA, World Bank, USAID and ODA, with increasing levels of government support. Others donors have indicated an interest in future support to the Council's activities. In addition to periodic meetings of heads of United Nations agencies, a Donor Task Force on Poverty Alleviation is studying ongoing and planned activities to determine how to work together most effectively. UNDP is actively involving the United Nations agencies and organizations in its programming for its fifth country programme for 1992-1996, which has population and environment as one of six "cross programme strategies" with population interventions included in the 21 components of four programmes.

Programme monitoring, evaluation and management

43. Monitoring and evaluation would be carried out in accordance with standard UNFPA guidelines, which would include substantive annual project reports leading to tripartite review meetings. Managers of all UNFPA-supported activities would be encouraged to participate in the tripartite review meetings of other activities in the programme. A country programme review would be scheduled, in coordination with UNDP and UNICEF, for late 1994. In an effort to address management difficulties encountered in the past, UNFPA would provide training for national staff to improve management, monitoring and evaluation skills. The Fund would also involve resident experts and United Nations volunteers, national project coordinators and members of technical support teams in developing programme indicators of progress and in applying and adapting them as the programme develops. Whatever the mode of execution, UNFPA will make full use of available and

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appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

44. As indicated in paragraph 1, UNFPA proposes to provide assistance in the amount of \$10.5 million over the five-year period 1992-1995, of which \$6.5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of \$4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate these two levels of funding:

	UNFPA regular <u>resources</u> \$	Other <u>resources</u> \$	<u>Total</u> \$
Maternal and child health and family planning	3,000,000	1,300,000	4,300,000
Information, education and communication	2,000,000	1,200,000	3,200,000
Data collection and analysis	200,000	200,000	400,000
Population policy formulation	400,000	500,000	900,000
Population dynamics	200,000	100,000	300,000
Women, population and development	300,000	500,000	800,000
Multisectoral activities	200,000	200,000	400,000
Programme reserve	<u>200,000</u>	<u>--</u>	<u>200,000</u>
TOTAL	6,500,000	4,000,000	10,500,000

V. RECOMMENDATION

45. The Executive Director recommends that the Governing Council:

- (a) Approve the programme for Malawi in the amount of \$10.5 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to commit, subject to the availability of funds, an amount of \$6.5 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of \$4 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Malawi and with the executing agencies.
